

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be completed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**2** **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

07558

Reg. Dist. No. **253**

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Queen Anne</b>		STATE <b>Md.</b>		COUNTY <b>Queen Anne</b>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Stevensville</b>		LENGTH OF STAY (In this place) <b>4 yrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Stevensville</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Bessie K. Dulin</b>				<b>4. DATE OF DEATH</b> (Month) <b>July</b> (Day) <b>15</b> (Year) <b>1956</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 28, 1880</b>		<b>9. AGE last birthday</b> <b>76</b> yrs.	<b>IF UNDER 1 YEAR</b> Months Days	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Maryland.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>	
<b>13. FATHER'S NAME</b> <b>Thomas A. Kennard</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Lonnie Lane</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b> <b>Mr. Thurman Dulin Easton, Md.</b>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<b>442X IMMEDIATE CAUSE (A)</b> <b>hypertensive cardio-vascular disease</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>about 3 years</b>			
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <b>chronic nephro-sclerosis</b>				<b>several years</b>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b> <b>Arterio sclerosis general</b>				<b>about 10 years</b>			
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> <b>- cerebral</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town)</b>		<b>(County) (State)</b>	
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</b>		<b>21a. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from July 15, 1956, to July 15, 1956, that I last saw the deceased alive on July 15, 1956, and that death occurred at 7:30 P.M. from the causes and on the date stated above.</b>		<b>SIGNATURE</b> <b>Theodor Sattelmaier</b>		<b>ADDRESS (Street, city, town, state)</b> <b>Stevensville Md.</b>		<b>DATE SIGNED</b> <b>July 16, 1956</b>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>burial</b>		<b>DATE THEREOF</b> <b>Jul. 18, 1956</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Greenmount</b>		<b>LOCATION (City, town, or county)</b> <b>Hillsboro, Queen Anne, Md.</b>	
<b>24. REC'D BY REGISTRAR</b> <b>DATE</b> <b>7/22/56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Elizabeth Hopton</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm. E. Brown</b>		<b>ADDRESS</b> <b>Easton</b>	

CERTIFICATE OF DEATH

RECEIVED  
JUL 27 1956  
BUREAU  
BUREAU V. 1

Wm. Williams

25

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

87559

Reg. Dist. No. 252

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Queen Anne's</u> <span style="float: right;">7581</span> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u> c. LENGTH OF STAY IN 1b <u>Life -</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centerville, Maryland</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>JAMES E KING</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>July 9 1956</u>							
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>Caucas</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jan 16 - 1914</u>		<b>9. AGE</b> (in years last birthday) <u>42</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.:			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Waterman</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Systemic &amp; fishing</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Queen Anne's Co. Maryland</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>	
<b>13. FATHER'S NAME</b> <u>Harry King</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Ida Brown</u>							
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes WW II</u>				<b>16. SOCIAL SECURITY NO.</b> <u>?</u>		<b>17. INFORMANT</b> Address <u>Julia Robert King - wife - Centerville</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning - Fell overboard while</u> <u>850X</u> DUE TO <u>Crabbing</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)											
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)							
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour o. m. p. m. <u>19</u>				<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.)		<b>20f. (City or town)</b> <u>Centerville</u> (County) (State)			
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input checked="" type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .											
<b>ACTUAL SIGNATURE</b> <u>W. J. Fisher</u>				<b>M.D. CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>				<b>DATE SIGNED</b> <u>7/13-56</u>			
<b>EXAMINER'S NAME</b> (Type)				<b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>				<b>DEPUTY MEDICAL EXAMINER</b> <input type="checkbox"/>			
<b>22a. BURIAL, CREMATION, OR OTHER</b> (Specify) <u>Burial</u>		<b>22b. DATE THEREOF</b> <u>July 13-56</u>		<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Chesterfield Cemetery</u>				<b>22d. LOCATION</b> (City, town, or county) (State) <u>Centerville Maryland</u>			
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edward Austin &amp; Sons Centerville Md</u>				<b>24a. REC'D BY REGISTRAR</b> <u>DATE 7-14-56</u>		<b>24b. REGISTRAR'S SIGNATURE</b> <u>Blue Armstrong</u>					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending," in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be furnished to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.  
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

Deceased  
Name  
Age  
Sex  
Color

Deceased  
Name  
Age  
Sex  
Color

Place of Birth  
Date of Birth  
Cause of Death  
Time of Death  
Place of Death  
Signature of Medical Examiner  
Date of Examination

Place of Birth  
Date of Birth  
Cause of Death  
Time of Death  
Place of Death  
Signature of Medical Examiner  
Date of Examination

BUREAU V. S.

JUL 17 1956

RECEIVED

Received by  
Name  
Address

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07561

7582

## CERTIFICATE OF DEATH

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>W.J.</u> Last <u>Walraven</u>				4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 21, 1876</u>		9. AGE (In years last birthday) <u>80</u> yrs.		IF UNDER 1 YEAR: Months <u>23</u> Days <u>19</u> Hours <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Walraven</u>				14. MOTHER'S MAIDEN NAME <u>Harriet Merch</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[Blank]</u>		17. INFORMANT <u>John Walraven--Sudlersville, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningia</u> <u>422.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Chronic nephritis</u> (c) <u>Chronic myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>History of Bladder Cancer</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2nd</u>					
20c. TIME OF INJURY Hour <u>0. 11</u> Month <u>19</u> Day <u>19</u> Year <u>1956</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)	(State)
21. I certify that I attended the deceased from <u>Jan 1954</u> , 19____, to <u>July 23</u> , 19 <u>56</u> that I last saw the deceased alive on <u>July 22</u> , 19 <u>56</u> , and that death occurred at <u>8 AM</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>[Signature]</u> M.D.				ADDRESS (Street, city or town, state) <u>Sudlersville</u>		DATE SIGNED <u>July 25/56</u>	
PHYSICIAN'S NAME (Type) <u>C. H. METCALFE</u>							
22a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		22b. DATE THEREOF <u>July 25</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Sudlersville</u>		22d. LOCATION (City, town, or county) (State) <u>Sudlersville, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>				ADDRESS <u>Church Hill, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>7-25</u>	
				24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>			



# CERTIFICATE OF DEATH

NEW YORK STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

BUREAU V. S.

JUL 21 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07562

## CERTIFICATE OF DEATH

7583

Reg. Dist. No. 253

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Queen Anne's</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Queen Anne's</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Stevensville</i>		LENGTH OF STAY (in this place) <i>July 8, 1956</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Grasonville</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<i>James Thomas Watkins Jr.</i>				<i>July 8 1956</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE/MARRIED/WIDOWED/DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>male</i>	<i>Col.</i>		<i>Oct 3, 1888</i>	<i>67</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<i>laborer farming</i>		<i>farming</i>		<i>Grasonville</i>		<i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>James T. Watkins</i>				<i>May Frances Boulden</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>no</i>		<i>213-16-7536</i>		<i>May Frances Watkins</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
445X IMMEDIATE CAUSE (A) <i>Cerebral hemorrhage left</i>				INTERVAL BETWEEN ONSET AND DEATH <i>July 8, 1956</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arteriosclerosis (general + cerebral)</i>				<i>several hours</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Hypertensive Cardio-vascular disease</i>				<i>years.</i>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>coroner D.W.H. Fisher notified, no inquest necessary.</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		<i>M.</i>					
22. I hereby certify that I attended the deceased from <i>July 8, 1956</i> , to <i>July 8, 1956</i> , that I last saw the deceased alive on <i>July 8, 1956</i> , and that death occurred at <i>8:50 A.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>Theodor Sattelmair</i>				ADDRESS (Street, city, town, state) <i>Stevensville</i>			
M.D.				DATE SIGNED <i>July 8, 1956</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<i>Burial</i>		<i>7/14/56</i>		<i>Grasonville Cem.</i>		<i>Grasonville, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>July 7, 1956</i>		<i>Ely Hyster</i>		<i>James S. Dashiell</i>			

CERTIFICATE OF DEATH

22

Name of Deceased		Age		Sex		Race		Marital Status		Occupation	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner		Signature of Medical Examiner		Signature of Pathologist		Signature of Forensic Physician		Signature of Medical Officer	

BUREAU V. A.

RECEIVED  
JUL 17 1956

Approved by  
[Signature]

INSTRUCTIONS